

# Preliminary Appeal

#### Country

**Preliminary Appeal name - Reference**

**Preliminary Appeal Target: US$**

***Balance Requested: US$***

Geneva,

Dear Colleagues,

*Cover letter explaining in brief the situation and the planned response.*

***To be completed by ACT SECRETARIAT***

1. **EXECUTIVE SUMMARY** *(maximum 2 pages)* ***to be completed by ACT SECRETARIAT***

**TITLE:** include type of emergency and country/location

**ACT PRELIMINARY APPEAL NUMBER:**

**PRELIMINARY APPEAL AMOUNT REQUESTED (US$):**

**DATE OF ISSUANCE**:

**NAMES OF ACT FORUM AND REQUESTING MEMBERS:**

|  |  |
| --- | --- |
| ACT FORUM |  |
| ACT REQUESTING MEMBERS |  |

**THE CRISIS**

**PRIORITY NEEDS**

**PROPOSED EMERGENCY RESPONSE**

* by ACT members within the Preliminary Appeal
* by ACT members outside the Preliminary Appeal

|  |  |  |
| --- | --- | --- |
| **KEY PARAMETERS:** | **ACT Member** | **ACT Member** |
| **Project Start/Completion Dates** |  |  |
| **Geographic areas of response** |  |  |
| **Sectors of response & projected target population per sector** |  |  |

**TABLE 1: SUMMARY OF PRELIMINARY APPEAL REQUIREMENTS BY ACT MEMBER AND SECTOR:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Preliminary Appeal Requirements** | **ACT Member** | **ACT Member** | **Total Requirements** |
| Total requirements US$ |  |  |  |
| Less: pledges/contributions US$ |  |  |  |
| **Balance of requirements US$** |  |  |  |

**TABLE 2: REPORTING SCHEDULE**

|  |  |  |
| --- | --- | --- |
| **Type of Report** | **ACT Member** | **ACT Member** |
| Situation reports |  |  |
| Interim narrative and financial report |  |  |
| Final narrative and financial report |  |  |
| Audit report and management letter |  |  |

**Please kindly send your contributions to either of the following ACT bank accounts:**

**US dollar Euro**

Account Number - 240-432629.60A Euro Bank Account Number - 240-432629.50Z

IBAN No: CH46 0024 0240 4326 2960A IBAN No: CH84 0024 0240 4326 2950Z

**Account Name: ACT Alliance**

UBS AG

8, rue du Rhône

P.O. Box 2600

1211 Geneva 4, SWITZERLAND

Swift address: UBSWCHZH80A

For earmarking of pledges/contributions, please refer to the spread sheet accessible through this link <http://reports.actalliance.org/>. The ACT spread sheet provides an overview of existing pledges/contributions and associated earmarking for the appeal.

**Please inform the Head of Finance and Administration,** **Line Hempel (****Line.Hempel@actalliance.org****) and Senior Finance Officer, Lorenzo Correa (****Lorenzo.Correa@actalliance.org****) with a copy to the Regional Representative/Regional Programme Officer, …, of all pledges/contributions and transfers, including funds sent direct to the requesting members.**

We would appreciate being informed of any intent to submit applications for EU, USAID and/or other back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

**For further information please contact:**

ACT Regional Representative – Latin America and the Caribbean, Carlos Rauda (cra@actalliance.org)

ACT Regional Representative – Middle East & North Africa, Gorden Simango (gsi@actalliance.org)

ACT Regional Representative – Africa, Gezahegn K. Gebrehana (gkg@actalliance.org)

ACT Regional Representative – Asia/Pacific, Anoop Sukumaran (ask@actalliance.org)

ACT website address: <http://www.actalliance.org>

Alwynn Javier

ACT Alliance Global Humanitarian Coordinator

1. **NARRATIVE SUMMARY *(To be completed in Microsoft Word – Maximum 6 pages) – BY THE FORUM***

**DETAILS OF THE EMERGENCY**

*(Provide information on type and date. Specify geographical areas affected. Include statistics on impact on human lives and damage. Where possible, estimate total number of persons [men, women, boys, girls] affected, and extent of gender- and age-specific impact).*

**ACTIONS TO DATE, AND EMERGENCY NEEDS**

*(Indicate actions taken by member(s) and forum, including preliminary results of Rapid Needs Assessment and a summary of overall emergency needs. Indicate whether locally available stocks of materials have been distributed. Describe how the actions taken respond to different gender needs).*

**PROPOSED EMERGENCY RESPONSE**

**Overall goal**:

(*State the overall goal of the emergency response, if there is more than one ACT member involved).*

**Objective(s) of the emergency response**:

(*State the objectives of the emergency response, by ACT member).*

**Proposed assistance**:

(*For each objective please state the proposed activity.**Summarize proposed activities, by sector. Identify outputs necessary to achieve the objective(s), and specify indicators to measure outputs. The proposed assistance must be gender-sensitive and the outputs planned in a gender-specific manner).*

**Target populations:**

*(Give approximate number and short description, where possible, by age and sex (sex ratio M-F, % under 5, % 6-17, % 18-65, % over 65), plus information on location. Indicate specific protection, security, vulnerability and gender concerns. Please indicate how the target populations and communities have been included in the design of the project, and how they will be involved in its implementation).*

**Implementation arrangements**:

*(Specify which members(s) or other agencies will carry out the emergency response, and whether a local Memorandum of Understanding/Cooperation Agreement is in place with non-member agencies).*

 **Coordination:**

*(State how coordination, including visibility in the country, will be effected (among members, through a forum, and with other agencies), and how ACT members intend to fit into the country-wide inter-agency response and the UN cluster system).*

**Communications:**

*(What communication activities are planned? Is a communicator in place to assist members/forum with communications and media activities? Is there a communications strategy in place?).*

**Principles and Standards**:

*(State how you will ensure that ACT policies and codes of conduct (including Sphere and the Red Cross Code of Conduct) will be adhered to. Do you see any major constraints to any elements of the Code of Conduct?).*

**Planned implementation period:**

*(Indicate planned duration of activities: number of months and dates).*

**Human RESOURCES and Administration of funds:**

*(Describe in brief your structure and procedures as they relate to the administration of the projects – e.g. procedures how to deal with appeal funds, how money is dispensed and system in place for transfer of funds (e.g. HQ to the field), purchase procedures, etc. Note: A separate bank account is recommended to administer ACT appeal funds).*

**Monitoring and Evaluation:**

*(State who will carry out the monitoring and when).*

1. **FINANCIAL SUMMARY/BUDGET *(To be completed in Excel - one page) BY REQUESTING MEMBER***

*(Should be as per the Budget Excel template attached. If not attached please ask for it from the* Senior Programme Officer, …*).*

1. **APPENDICES TO THE PRELIMINARY APPEAL DOCUMENT *(maximum 2 pages)***

**Appendix 1:** Map

**Appendix 2:** Bank and contact details of each requesting member ***BY REQUESTING MEMBER***

**1. Requesting member # 1:** (in alphabetical order)

Address:

Telephone number:

Primary contact person name and email address:

Finance contact person(s) name and email address:

(to whom payment notifications from ACT should be sent)

**BANK DETAILS:** (to which funds should be sent by ACT)

Name of beneficiary:

Name of bank:

Address of bank:

Account no. or IBAN number:

Bank swift code:

**2. Requesting member # 2:** (in alphabetical order)